SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 (715) 373-6138 Bayfield County PO Box 58 and Zoning Depart.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED

LAND USE

Address of Property:

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BERLEMAN

715 579 397

JEFREY E

BERGEMAN

7/5 579397/

Written Authorization

Agent Mailing Address (include City/State/Zip):

Agent Phone:

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Burn

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City/State/Zip

25752 25752

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CA

Telephone:

2222

OTHER

Cell Phone: 7/5 579 397/

Mailing Address:

PRIVY

CONDITIONAL USE

SPECIAL USE

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

Refund:

Authorized Agent: (Person Contractor:

Signing Application on behalf of Owner(s)

PROJECT LOCATION

Legal Description:

(Use Tax Statement)

PIN: (23 digits)
04- 032-

2.46-06

25

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-03 -000 -10000 Block(s) No.

Volume 1124 Subdivision:

Page(s) 783

Acreage 5.

50

Are Wetlands

Present?

□ No

Attached

☐ Yes ☐ N

Recorded Document: (i.e. Property

Lot(s)

Vol & Page

Lot(s) No.

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1/4

Section

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**BAYFIELD COUNTY, WISCONSIN** 

**ENTERE** 

Date Stamp (Received)

N

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Date:

Amount Paid:

28/14

5-28-14

Permit #:

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TBA.

175.00

APPLICATION FOR PERMIT

□ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue ---> ☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)

Creek or Landward side of Floodplain?

If yes—continue —▶ , Township <u>e</u> T N, Range 6 ٤ Town of: 33300 Distance Structure is from Shoreline : Distance Structure is from Shoreline: feet 0 Is Property in Floodplain Zone?
☐ Yes D Š Š

¥.Shoreland

Ś of Completion
\* include
donated time &
material Value at Time Non-Shoreland 68,000 (What ☐ Run a Business on Relocate (existing bldg) Property Addition/Alteration Project you applying for) and/or basement No Basement Basement 2-Story # of Stories Foundation 1-Story + Loft 52 Seasonal Year Round Use X 🗆 □ None bedrooms 2 오 # Municipal/City (New) Sanitary Sanitary (Exists) Specify Type Privy (Pit) or Uaulted (n Portable (w/service contract) Compost Toilet Sewer/Sanitary System Is on the property? What Type of Specify Type: Vaulted (min 200 gallon) mc or N's XWell Water City

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Proposed Use	<b>\</b>	Proposed Structure Dir	}	Dimensions	Square Footage
	X	Principal Structure (first structure on property)	رب (	54, x 45,)	1008
	×	Residence (i.e. cabin, hunting shack, etc.)	)	х )	
•		with Loft	(	x }	
X Residential Use		with a Porch	_	× }	
		with (2 <sup>nd</sup> ) Porch	(	x )	
		with a Deck	_	x )	
		with (2 <sup>nd</sup> ) Deck		×	
☐ Commercial Use	×	with Attached Garage	( )	32×421	1344
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	_	×	
		Mobile Home (manufactured date)	_	×	
:		Addition/Alteration (specify)	_	×	
□ Municipal Use		Accessory Building (specify)	^	×	P. A. C.
A CONTRACT OF THE PROPERTY OF		Accessory Building Addition/Alteration (specify)	_	×	
Rec'd for Issuance	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
,		Special Use: (explain)	-	×	
		Conditional Use: (explain)	^	×	
and the second		Other: (explain)	_	×	

I (we) declare that this applic am (are) responsible for the may be a result of bayneld of above described property at Secretarial Staff FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES lication (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) e detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which I county retrieve on that information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the it and it associated time of the purpose of inspection.

Authorized Agent: Owner(s): (If there are N ers listed on the  ${f j}$ 

Address to send permit

ed All Owners must sign or letter(s) of authorization must accompany this application)

(If you are signing on behalf of the

owner(s) a letter of authorization must accompany this application)

> Date S 127 12014

Date

